

SECRETARY OF STATE
STATE CAPITOL AVE.
500 E. CAPITOL
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

**NON-PROFIT
APPLICATION FOR REINSTATEMENT**

FILING FEE: \$25

1. The name of the corporation is _____

2. The date of its Administrative Dissolution is _____

3. The grounds for Administrative Dissolution have been eliminated by filing all required reports and paying all fees and penalties.

Application must be signed by the Chairman of the Board of Directors, the President, or any other officer in the presence of a notary public.

Dated: _____

(Signature)

(Title)

STATE OF _____
COUNTY OF _____

On this the _____ day of _____, _____, before me personally appeared _____ known to me or satisfactorily proven to be the person(s) who are described in, and who executed the within instrument and acknowledged to me that she/he/they executed the same.

My Commission Expires

Notary Public

Notarial Seal

Submit one original and one copy along with all reports, filing fees and penalties.

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